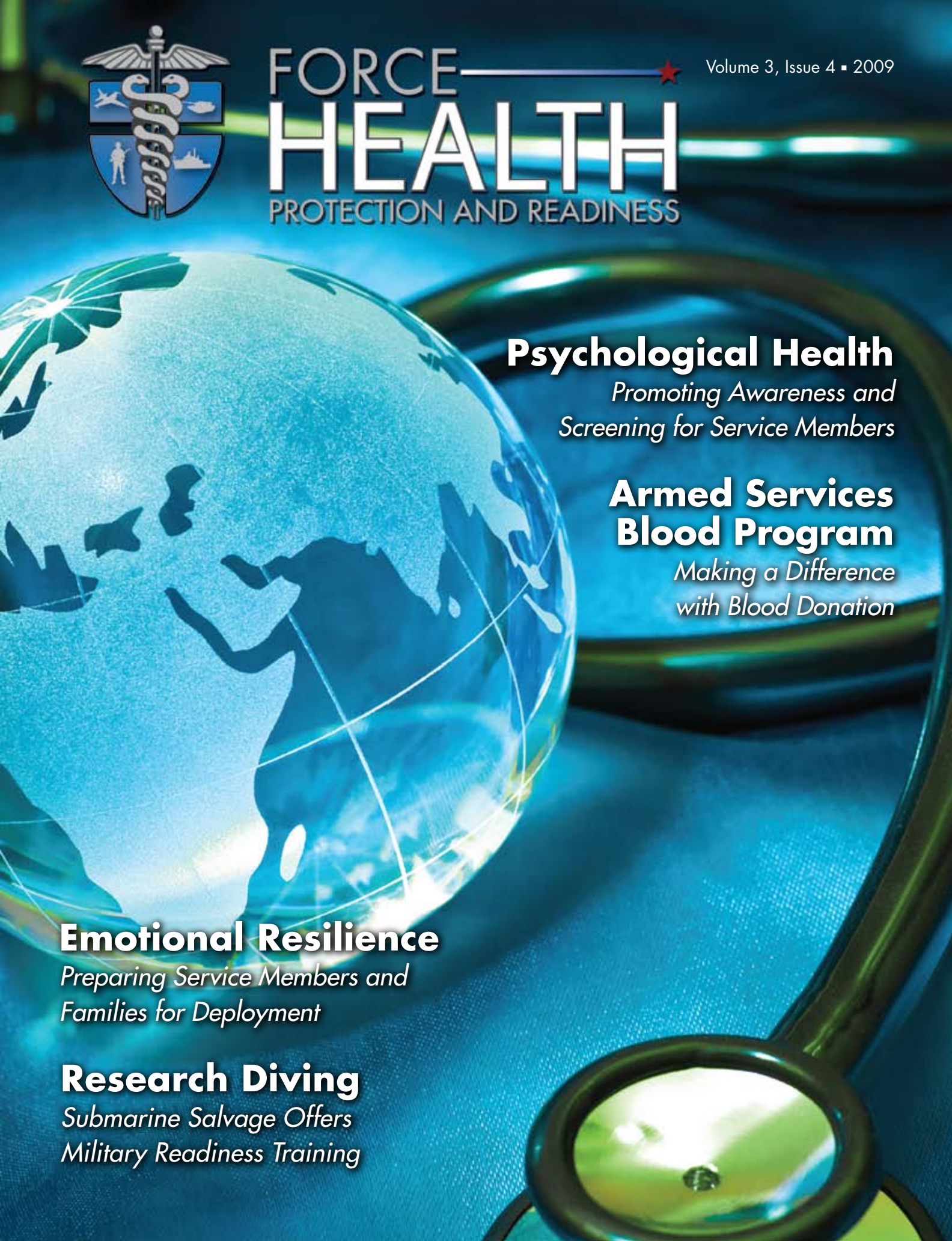
FORCE
HEALTH
PROTECTION AND READINESS
Volume 3, Issue 4 ▪ 2009
Psychological Health
Promoting Awareness and Screening for Service Members
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Emotional Resilience
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FORCE HEALTH PROTECTION AND READINESS

The Magazine of Force Health Protection and Readiness
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Print and visual submissions of general interest to active duty, reserve component members, veterans and families are invited. Please send articles with name, phone number, e-mail, mailing address and comments to:

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The editor reserves the right to edit all submissions for length, readability and conformance with DoD style and policy.

IN THIS ISSUE

From the Desk of
Ellen P. Embrey

It is important that all Service members and their families are aware of the latest advances in health research and new work that FHP&R is doing.

Welcome to another issue of Force Health Protection and Readiness magazine. We made significant strides in the work here at FHP&R over the past few months which you will read about in this issue. FHP&R has been busy working on new initiatives in several of our capability areas.

This issue highlights several new initiatives that DoD is involved with, including making resources for deployment preparedness for Service members and their families more readily available. Other exciting work includes advanced steps in screening and diagnosing Traumatic Brain Injury (TBI), as well as collaboration between DoD and the VA to provide better continuity of care for Service members through advanced electronic medical record sharing.

DoD has released a new educational video as part of the Mental Health Self-Assessment Program that addresses how Service members and their family members may be affected by combat and deployment-related stress. Psychological health effects of Service members may sometimes go unnoticed. It is important to remember that the psychological health of our Service members is just as important as physical health and well-being. The Presidential Classroom is another initiative which is designed to engage and inspire high school students to become leaders in different educational civic areas. The goal is to prepare our future leaders for careers in public service and the health sciences through educational training in Washington DC.

It is important that all Service members and their families are aware of the latest advances in health policy and programs and new work that FHP&R is doing. We strive to provide the latest information in military health measures and we hope you consider the Force Health Protection and Readiness Office a key resource for you and your family. If you have any questions, comments, subscription requests or story ideas, please write to us at FHPwebmaster@tma.osd.mil. You can read the magazine online at *http://fhp.osd.mil/fhp_online/*

Ellen Embrey

Deputy Assistant Secretary of Defense
for Force Health Protection and Readiness

THE SAFE USE OF **DIETARY SUPPLEMENTS**

By: FHP&R Staff Writers

The use of over-the-counter dietary supplements is fairly common among Service members and civilians as a way to build muscle, gain energy or lose weight. Some supplements can be beneficial with few, if any, side effects, while others are of little benefit or may even be harmful.

At the request of the Department of Defense, the National Academies' Institute of Medicine (IOM) in Washington, D.C. convened an ad hoc committee under the support of the Committee on Military Nutrition Research to examine the use of dietary supplements by military personnel.

The Committee on Dietary Supplement Use by Military Personnel found that while many relatively minor adverse effects of common supplements, such as mild dehydration or diarrhea, pose little risk to civilians, the same supplements could pose greater danger to military personnel, compromising not only individual health and performance but potentially the success of a military operation. This is especially true among special subpopulations of the military such as Special Operations Forces.

The Committee's review of popular dietary supplements among military personnel found that many could have detrimental effects if misused. Ginkgo biloba and garlic, for example, have anticoagulant effects. Other supplements such as valerian and melatonin are sedative and ephedrine-like substances may cause harmful cardiac effects.

Other popular supplements such as sports bars can provide convenient energy and nutrition. Similarly, sports drinks are reported to improve endurance performance and are fairly safe when they provide only carbohydrates and electrolytes. Service members deployed to hot, humid climates are most likely to benefit from drinking them.

The benefits of caffeine consumption were also cited in amounts up to 600 milligrams a day, the equivalent of 4-6 cups of coffee. Caffeine enhances physical performance and endurance, and provides an effective countermeasure to sleep deprivation by maintaining alertness. Melatonin, a dietary supplement that induces sleep, may help those who have trouble falling asleep and can offset the effects of jet lag. It is generally considered to be safe if consumed in properly timed and recommended doses.

The reported benefits of dietary supplements, such as chromium for weight loss and muscle building, may be minor, while others, such as ephedra, are not safe. Ephedra, typically used for weight loss, was banned from military commissaries and exchanges worldwide in December 2002, and officially banned for sale throughout the U.S. in 2004 because of evidence of serious cardiovascular and nervous system effects. The Committee also expressed concern over the use of over–the-counter supplements containing compounds similar to ephedra.

Based on their investigation, the Committee recommended that the Department of Defense establish a system to monitor and evaluate risks of dietary supplement use by military personnel, establish guidelines to mange their use, and report adverse effects.

The full report – Use of Dietary Supplements by Military Personnel – was co-funded by the U.S. Army Institute of Environmental Medicine, U.S. Army Medical Research and Materiel Command, Office of Dietary Supplements at the National Institutes of Health, the FDA, and the Samueli Institute. It can be found on the National Academies Press Web site at: http://www.nap.edu.

FHP&R staff writer Pamela Houghtaling contributed significantly to this report.

REV UP YOUR RESILIENCY

By: Martin Binks, Ph.D., Binks Behavioral Health, PLLC Consultant, ARNG Decade of Health

Every Service member and family needs to develop a plan for coping with deployment. DoD provides extensive training and support for this mission through a variety of deployment preparedness resources. These tools can enable a Service member to better prepare for deployment both mentally and physically.

Revving up resiliency involves individual training and planning to ensure that a Service member's affairs are in order before deployment so they can focus on the task at hand without distraction. This is most important when deployment and return from deployment become a part of daily life and circumstances are stressful. A key component of resiliency involves adapting and responding to difficult circumstances.

A number of things promote resilience:

- Having healthy stress management and coping skills
- Practicing good problem-solving skills
- Maintaining connections with family and friends
- Talking about your situation with loved ones
- Seeking professional mental help when necessary
- Seeing yourself as a survivor, not a victim
- Helping others
- Finding positive meaning in the situation

According to the American Psychological Association (APA), resilience is "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress." Emotions of both the Service member and their family must be managed so as not to distract from the task at hand. This is often interpreted as the need to deny negative emotions, which is not the case. Emotional health requires that negative emotions like fear, sadness, anxiety and loss be recognized, while not being overwhelming.

Emotional resilience requires preparation during times of less stress, through pre-deployment training. The Battlemind resources and the APA's "Road to Resilience" are important tools for information on becoming more resilient. Don't wait until trouble hits to seek help. Use support resources to be emotionally ready to face every challenge.

Want More?

Hooah4health
www.hooah4health.com/mind/default.htm

Battlemind
www.battlemind.org

"Road to Resilience"
apahelpcenter.org/featuredtopics/feature.php?id=6

Studies have found that during a terrorist attack, those who experienced positive emotions like fellowship, camaraderie and hope, and found positive meanings in tragedy reported fewer depressive symptoms and were better able to adjust to the aftermath. In studying these concepts, experts have labeled the skills and competencies needed to lead others while taking care of themselves as "emotional intelligence." These skills include:

1. Self-awareness - the ability to read your emotions and the emotions of others
2. Self-confidence - awareness of and trust in your capabilities
3. Self-management - being able to control your emotions and impulses and adapt to change skillfully
4. Social awareness - the ability to sense, understand and adapt your responses to the emotions of those around you and judge how your reactions relate to and influence the reactions of others
5. Relationship management - the ability to inspire and influence others

These emotional intelligence skills along with the preparation of a solid action to plan for deployment can ease the stress of deployment. Take advantage of the resources that are available to rev up your resiliency and learn to be emotionally ready to face challenges.

DIVE!
TRAINING FOR READINESS

By: Pamela Houghtaling, FHP&R Staff Writer

Raising a sunken Russian submarine off the coast of Rhode Island provided a unique hands-on training opportunity for the U.S. military. This was not just any Russian submarine, but the one featured in the 2002 movie, "K-19: The Widowmaker," starring Harrison Ford and Liam Neeson.

FHP&R's Cmdr. Caron Shake, Medical Service Corps, U.S. Navy, who is scientific advisor to Ms. Ellen Embrey, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, was one of the divers on the salvage operation and the only female diver on the team.

The 282-foot-long ballistic missile submarine K-77, known as Juliett 484, was launched in the former Soviet Union in March 1965 for service with the Baltic and Northern fleets. Decommissioned in 1994, the submarine was eventually acquired by the USS Saratoga Museum Foundation and opened to the public as a museum in 2002. Unlike the real K-19, which suffered a nuclear mishap, among other accidents, the Juliett 484 was dealt a cruel blow by Mother Nature. The submarine sank in Providence Harbor during a storm in April 2007.

The salvage operation was funded under DoD's Innovative Readiness Training Program, which is designed to strengthen military readiness and provide support for community-based infrastructure projects. The USS Saratoga Museum Foundation approached the Navy for assistance.

Cmdr. Caron Shake prepares for a dive during the salvage operation. Photo by Cmdr. Caron Shake.

The Office of the Secretary of Defense directed a team to be assembled. The Navy provided support from two commands – Mobile Diving and Salvage Unit (MDSU) Two, from Little Creek, Va., and Naval Sea Systems Command (NAVSEA) 00C, Supervisor of Salvage and Diving (SUPSALV), from the Washington, D.C., Navy Yard.

The team included more than 100 Active-Duty and Reserve Army and Navy divers. The Army divers were with the U.S. Army Dive Company from Fort Eustis, Va. MDSU Two had overall command responsibility for the salvaging of the submarine and coordinating support from the Army divers. SUPSALV provided the salvage engineering and logistics support for the operation. All salvage equipment was provided through the Emergency Ship Salvage Material inventory maintained by SUPSALV in Cheatham Annex, Va.

Shake, a qualified Navy diver, had done some diving with MDSU Two and with Cmdr. Chip Chase of NAVSEA since coming to the Washington, D.C., area in January 2007. NAVSEA invited her to join the mission up in Rhode Island. "In addition to supporting the mission, it was an opportunity for me personally to be involved in a salvage operation that rarely happens," said Shake. "It was great also to have such excellent support from my senior leadership, Ms. Ellen Embrey."

The Challenge of Salvage Operations

Salvage diving is a dangerous operation no matter the depth. After taking on water through a hatch in the aft torpedo room for thirty-one hours, the Juliett 484 had come to rest 30 feet below the surface in the muddy bottom of Providence Harbor at a 49-degree list on its port side. There was very limited visibility in the dark muddy water for the divers. Shake noted, however, that once she was oriented underwater, she could function well during her dives.

Shake comes from a research diving background with limited salvage experience. Research diving tends to be conducted under controlled situations in a hyperbaric chamber at a research facility. The research studies that she has been involved with focus more on the physiology of the diver. Along with conducting research projects, she also has had the opportunity to be a subject for various studies. Shake describes the research effort as "pushing the envelope," keeping the mission safe while enabling divers to go deeper and stay longer.

The Juliett 484 salvage plan called for a two-phased evolution. The first phase would position the submarine upright and sitting firmly on the bottom. The second phase would re-float the submarine. Preparations were extensive. Divers penetrated the hull through two hatches and placed hydraulic submersible pumps in each of the eight main compartments. The submarine was made watertight and a pumping plan was developed to lighten the wreck on the bottom.

In order to right the submarine, six hydraulic cable pullers, each capable of exerting 50 tons of force, were anchored on the shore and attached to the hull with cables nearly 2 inches in diameter. The combined effect of dewatering the submarine and the cable pullers rolled the submarine over to an upright position. Divers then spent over two weeks tunneling under the submarine through more than 20 feet of dense mud at 10 locations. At each pair of these locations, a belly band was passed and attached to a pair of 90,000-pound capacity salvage pontoons. Once the salvage pontoons were installed, the submarine was ready for re-floating.

On July 24, 2008, after sixteen months of lying on the bottom of the Providence River, the Juliett 484 was finally coaxed to the surface. Covered in marine growth, rust and silt, the submarine's once proud red star was still faintly visible on the sail. It would take the salvage team another six weeks to make the submarine safe and stable enough to hand over to the USS Saratoga Museum Foundation.

Shake, who has also been on a training mission with the SEAL Delivery Vehicle Team 2 while aboard the USS Archerfish and the salvage operation on the USS Monitor, advises Service members to keep an eye out for training opportunities. The dives on the Soviet submarine were conducted in a fairly controlled environment with no urgency required since there was no real emergency. However, training opportunities such as this one prepare Service members to be ready to handle a real emergency. "For me, it was a chance in a lifetime," Shake said. "When an opportunity beckons, sign up and go!"

Juliett 484, a K-77 submarine is salvaged off the coast of Rhode Island. Photo by Cmdr. Caron Shake.

THE POWER OF BLOOD

THE ARMED SERVICES BLOOD PROGRAM

By: Maja Frigelj, Armed Services Blood Program Staff Writer

When John James started donating blood to the Armed Services Blood Program (ASBP) over 30 years ago, he didn't think donated blood would save his life. After an unfortunate accident sent him to the emergency room, he needed several blood transfusions. Now James, along with fellow motorcyclists and long-time ASBP volunteers, makes a bi-annual motorcycle trip to the blood donor center in Fort Hood, TX to give blood.

ASBP is the official U.S. military blood program. In support of Service members and their families, ASBP collects, tests, transports and ultimately transfuses all donated blood to military hospital locations around the world. Dedicated blood donors include active duty Service members, their immediate families, retirees, DoD employees and civilians. ASBP operates approximately 81 blood banks and 21 blood donor centers worldwide that are licensed by the Food and Drug Administration.

A WWI Service member performs a blood transfusion. DOD Photo.

During World War I, the U.S. Military began to research ways to transfuse blood to save those who were injured in combat. With limited supplies and technology, the first blood transfusions were conducted directly on the battlefield with blood stored in glass containers.

Through research and development, the U.S. Military has achieved significant break-throughs in medical science, such as the ability to collect blood in plastic containers; collect and store blood for extended lengths of time; maintain the appropriate temperature for the transport of blood products to locations around the world; establish a permanent centrally coordinated program to anticipate blood requirements and procurement; and create the largest inventory of frozen red blood cells for use in military and civilian emergencies.

Recognizing the need for continuous research and development of blood and blood products, the U.S. Military created the Blood Bank Fellowship Program in 1958. This rigorous program has educated military members from all Services to be highly qualified blood program managers and scientists in the field of blood banking and immunohematology, a discipline concerned with all aspects of immunology relating to blood, including blood types and blood disorders. These exceptional Fellows continually strive for advanced research and development, increased quality control and cooperation with other government agencies and North Atlantic Treaty Organization partners to identify blood needs around the world.

Since blood supplies tend to fluctuate, especially around the holidays, a steady blood supply cannot be guaranteed. Many government agencies have recognized the urgency of readily available blood not only on the battlefield, but at military

A Service member takes time to donate blood. Photo by Maja Frigelj.

hospitals at home, and are constantly driving new research efforts toward the development of safer blood and blood products, which are used by the ASBP.

One of these recent developments is blood pharming. "The purpose of the Blood Pharming Program is to provide for production of a readily available, donorless supply of red blood cells in theater," said Dr. Jon Mogford, Program Manager, Defense Sciences Office, Defense Advanced Research Projects Agency. The automated blood culture system would maintain a self-renewing cell population, ensuring that blood is safe and free of viruses and diseases such as HIV/AIDS and hepatitis.

Red blood cells are the most transfused blood product on the battlefield. "This program could eliminate the ever-increasing shortage to the nation's blood supply," said Mogford. As the research has just recently begun to expand, Mogford hopes to complete the Blood Pharming Project in three years.

Another important break-through is lyophilized plasma, or freeze-dried plasma. Since plasma is the component of blood that helps in the process of clotting, the demand for plasma in the combat zone can be high at times.

Fresh frozen plasma, the product currently used to treat patients, has to be frozen within eight hours following donation, therefore making the preparation, transportation and thawing process difficult. The plasma is shipped on dry ice that sometimes damages the bags in which the plasma is stored. If the bags stay intact throughout their journey to theater locations, they are still in danger of breaking during the thawing process. Once these bags break, the plasma cannot be used.

"It is because of this strenuous and risky procedure that freeze-dried plasma is being tested," explains Elizabeth Barrows, Product Manager for Freeze Dried Plasma, Medical Materiel Development Activity, United Stated Army Medical Research and Materiel Command. This new product will require less processing time, about five minutes versus 20 or more for the frozen product, and involve fewer transportation temperature restrictions. It will also be safer to handle since the blood bags will not have been subjected to the damaging cold temperatures currently necessary.

Scientists around the world are working toward ensuring that the patients of today and tomorrow continue to get the safest care possible. It is because of these efforts, along with dedicated blood donors, that the ASBP is able to deliver blood to locations where it is needed most.

"The ASBP is increasingly collaborating with the Department of Health and Human Services in the development of technologies that will reduce risks for blood collected and transfused right on the battlefield or on a ship" said Cmdr. Michael Libby, Former Director, ASBP. "Two current development efforts are rapid screening tests for transfusion transmitted diseases and pathogen inactivation systems which will serve to eliminate all infectious diseases in platelet and plasma products collected in the field."

No one can foresee when he or she might need blood, but everyone can make a difference by donating regularly. John James, whose donated blood has helped save countless lives, knows what it's like to be on the receiving end of a donation, and is truly grateful.

Visit *www.militaryblood.dod.mil* for more information about the Armed Services Blood Program and to schedule an appointment to donate.

TESTS BOOST **POST-BLAST SCREENING** FOR MILD TBI

By: Rachel MacKnight, FHP&R Staff Writer

The Department of Defense is taking another step forward in the charge to better screen for, diagnose and treat mild traumatic brain injury (TBI).

DoD requires pre-deployment Neurocognitive Assessment Tests (NCAT) for all Service members prior to their next deployment. NCATs measure cognitive performance areas most likely affected by mild TBI, including attention, judgment, memory and thinking ability. Individual results will serve as a baseline in monitoring for changes in a Service member's cognitive function. Ultimately, the goal is to have the capability to compare assessment results before and after a Service member is subject to a blast event, in order to improve the accuracy of mild TBI screening and propoer treatment of Service members.

"Following a concussion or mild TBI, Service members are evaluated for physical findings, reported symptoms and alterations in cognition. In most cases, individuals recover from the effects of concussion or mild TBI," said Robert L. Kane, Ph.D., ABPP-Cn, Director of the NCAT Program. "However, physical signs, symptoms and cognition may not recover at the same rate. The Automated Neuropsychological Assessment Metrics provide an additional tool to assess cognitive changes following concussion or mild TBI and to assess improvement."

NCATs are important because Service members involved in a blast may have no visible external injuries and the symptoms of mild TBI can go unnoticed. These symptoms may include slower reaction time, headaches, irritability, memory impairments and sleep difficulty.

The Automated Neuropsychological Assessment Metrics (ANAM) is the specific type of NCAT that Service members will complete. It is a simple 15 to 20 minute computerized test that records a Service member's cognitive performance. The Army began developing the ANAM in 1984. It was evaluated and refined for a number of uses over the last two decades, most notably for pilot initiatives involving the 101st Airborne Division.

"ANAM contributes to the general assessment of the effects of concussion or mild TBI and to monitoring the course of recovery," Kane said. "It is a tool that helps in the determination of appropriate follow-up care and readiness to return to duty."

The ANAM on its own is not a diagnostic tool. It does not measure intelligence or computer skills. The changes in cognitive function revealed by reassessment will trigger a more in-depth evaluation by a medical provider. Preliminary data from pre-deployment cognitive assessments has shown the number of these kinds of referrals to be very low.

ANAM results will be a part of Service members' medical records. This data will be treated as protected personal health information and kept confidential using encryption technology.

AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS FAQ

1. **What is the Automated Neuropsychological Assessment Metrics (ANAM) test? What does it measure?**
   The ANAM is a computerized neurological assessment that measures memory, reaction time and information processing. It takes about 15 to 20 minutes to complete. On its own, it does not diagnose Traumatic Brain Injury (TBI). It can only trigger a more in-depth evaluation by a medical provider.

2. **Who gets it and when?**
   All Service members will take the ANAM within 12 months before deployment.

3. **Specifically, what does it measure? Is it an IQ test?**
   The ANAM is not an IQ test. It measures the cognitive performance areas most likely affected by mild TBI. These include simple reaction time, procedural reaction time and learning, as well as delayed, working and spatial memory.

4. **How does a pre-deployment "baseline" benefit Service members?**
   Comparing a Service member's baseline with a post-blast assessment will give medical providers important information about how to proceed in testing, diagnosing and treating TBI, even in its mildest form.

5. **Does it help Service members who already have a head injury?**
   A baseline ANAM can be given at any time. The purpose of ANAM is to capture a snapshot of a Service member's present neurocognitive status. Repeat ANAM assessments can be compared to earlier data to help determine if a Service member's neurocognitive status has changed.

6. **Who has access to ANAM data? Is it included in a Service member's permanent medical record? Is it protected health information?**
   ANAM data will be included in the medical records of Service members. It will be treated as protected personal health information and will be kept confidential using encryption technology.
   ANAM data is available to the ANAM administrators and to medical providers, who will interpret the reports with Service members if needed.

7. **What if I'm not very good with computers?**
   Computer ability does not affect your ANAM results. ANAM records neurocognitive function, not computer skills.

8. **If a Service member screens positive for a mild TBI before deploying, what happens? Is this a go/no-go station?**
   If a Service member screens positive for mild TBI before deploying AND has symptoms, he/she will be referred to a provider for further evaluation.
   If a Service member scores low on their cognitive performance testing prior to deployment, then he/she, too, will be referred for further evaluation. Preliminary data from pre-deployment cognitive testing done by the Army has shown these numbers to be very low. In the event that a Service member is referred for further evaluation, it is unlikely that this will alter deployment status.

DEPARTMENT OF DEFENSE ENCOURAGES SEEKING HELP FOR PSYCHOLOGICAL HEALTH

By: Bill Yamanaka, FHP&R Staff Writer

The Department of Defense has launched a new educational video addressing how Service members and their families may be affected by combat and deployment stress. The video, "A Different Kind of Courage: Safeguarding and Enhancing Your Psychological Health," features interviews with military mental health experts and chaplains, as well as personal stories by Service members and their families. It explores issues of concern such as Post Traumatic Stress Disorder (PTSD), alcohol abuse, nightmares, hypervigilance, exposure to violence, emotional numbness and difficulties faced when a loved one is deployed.

The video is a new component of the Mental Health Self-Assessment Program (MHSAP), a DoD-funded initiative that offers Service personnel and their family members the opportunity to take anonymous mental health and alcohol self-assessments online, via telephone and at special events held at installations worldwide. The program is designed to help individuals identify their own symptoms and access assistance before a problem becomes serious. The self-assessments are available 24/7 online or by the telephone.

Through the use of real stories, "A Different Kind of Courage" addresses the symptoms of mental health and alcohol disorders among military Service members and families, and the importance of early help-seeking to protect one's career, family and health. It also provides useful information on how to convince a family member or friend to seek professional help. DoD views seeking assistance on psychological health issues as a courageous show of strength. To be able to admit an issue or problem exists is an important early step in the healing process.

To be able to admit an issue or problem exists is an important early step in the healing process.

By hearing Service members and their families speak honestly about their struggles and how awareness and treatment helped, we hope it will encourage others to get help.

"The video is a vehicle to promote discussion about mental health and alcohol disorders. By hearing Service members and their families speak honestly about their struggles and how awareness and treatment helped, we hope it will encourage others to get help," said Capt. Mark Paris, Ph.D., Former Deputy Director for Psychological Health Operations in the Office of the Deputy Assistant Secretary of Defense (Force Health Protection and Readiness).

In a segment of the video, Air Force Chief Master Sgt. Manny Sarmina, Senior Enlisted Advisor in the Office of the Assistant Secretary of Defense (Health Affairs), emphasizes the importance of having leaders discuss their own struggles in order to encourage others to seek help. "I don't walk up to somebody and say, 'Hey, my name's Chief, I sought help in the mental health system.' It's not natural to do that. But when you see somebody struggling, and they give you this, 'Oh, you don't know what I'm going through.' Then that's when you pull out that ace, and you say, 'Yes, I do know what you're going through,'" said Sarmina.

The video will be distributed to military behavioral health clinicians, unit commanders, Reserve unit leaders, chaplains, Family Readiness Group leaders and other military groups who want to raise awareness and encourage help-seeking as an act of strength.

To view the video, visit *www.MentalHealthScreening.org/Military/*. To order a free DVD, email Military@MentalHealthScreening.org.

HURRICANE RESPONSE AND THE MILITARY HEALTH SYSTEM

By: Richard Searles, FHP&R Staff Writer

During an emergency, the Military Health System (MHS) is prepared to assist anytime, anywhere, with comprehensive medical capability to military operations, natural disasters and humanitarian crises around the globe.

In an event, such as a response to hurricanes Gustav and Ike, the MHS was there before, during and after the storm.

The MHS provides support to Emergency Support Function (ESF) #8, Health and Medical Services, which provides Federal assistance to supplement State and local resources in response to public health and medical care needs following a major disaster or emergency, or during a developing potential medical situation. Assistance provided under ESF #8 is directed by the Department of Health and Human Services. Resources are provided when State and local resources are overwhelmed and public health or medical assistance is requested.

Col. Donald Noah, Chief of Staff for Force Health Protection and Readiness, noted several MHS contributions:

- Leadership advice and guidance - A nationwide array of 14 Joint Regional Medical Plans officers (JRMPOs) exists. All available JRMPOs were mobilized to coordinate and synchronize state and Federal ESF-8 capabilities.

- Patient movement - Both within and outside the National Disaster Medical System (NDMS), aeromedical evacuation units moved approximately 473 non-ambulatory patients out of danger.

- Medical support to general evacuation effort - The Air Force's San Antonio-based 59th Medical Wing provided medical screening and emergent care to thousands of people evacuated from hurricane landfall areas.

- Medical logistics - Through the emergency operations center in San Antonio, the right military medical materiel was provided to the right place at the right time.

Additionally, Col. Noah noted the Texas Military Forces, which were led in the medical context by Joint Surgeon Colonel (Dr.) Connie McNabb, proved capable of augmenting, and in many cases, replacing, Federal response assets. Personal initiative at all levels effectively erased policy shortfalls and ensured patients were moved safely and quickly.

Col. Noah felt that the MHS response was excellent, but encouraged those involved to continue to strive for improvement.

"First, and perhaps most important, we need to ensure that our DoD response policies are coordinated with all agencies, both internal and external to DoD," he said.

"Operational communication between military medical response experts at all levels provided effective situational awareness," said Lt. Cmdr. Eric Timmens, Crisis Management Action Officer for Office of the Assistant Secretary of Defense (Health Affairs). "We were able to observe and support a large intricate response to Hurricanes Gustav and Ike by working closely with the Office of the Assistant Secretary of Defense, the Joint Staff, USNORTHCOM, USTRANSCOM as well as with our interagency partners, the Departments of Homeland Security and Health and Human Services. Only through cooperation and mutual respect was the MHS able to work most effectively to save lives."

"Disaster response is one of the most sacred duties entrusted to the MHS," said Timmens. "We take our duty very seriously because we truly feel we owe it to the American people to ensure that the dedicated professionals who comprise the MHS are prepared to assist anywhere, anytime."

PROTECTING YOURSELF FROM VIOLENCE AND ASSAULT AFTER A NATURAL DISASTER

By: Jennifer Stone, FHP&R Staff Writer

Each season brings natural disasters in the United States. Those that live in disaster prone regions of the U.S. have learned how to prepare themselves in the event a disaster strikes.

Much of the disaster preparedness information addresses the safety of life and property. Unfortunately, preparation tips pre- and post-disaster do not usually address personal safety in the context of protection from violence and assault.

Natural disasters, like hurricanes and tornados, disrupt the physical and social environments that keep violence and crime at bay. With these changes come higher stress levels, increased feelings of helplessness due to loss of property and/or livelihood, shortages of food and water, breakdowns in social networks as well as other social and environmental factors that contribute to an environment ripe for violence. Women are particularly at an increased risk of being sexually assaulted or attacked.

Fortunately, there are ways to protect yourself and your family from becoming victims of violence after a natural disaster.

- Ask for support. If you feel you are in danger, get support from trusted sources like counselors, friends and family, and health clinics. This will help keep you safe.
- Do not use drugs and alcohol. These can increase feelings of anxiety and stress and may put you in places where you could be attacked.

- Take a time out. Relationships become more stressful when families try to replace lost housing, jobs, and find peace. If you feel stressed, take a time out.
- Take care of yourself physically. Eat healthily, get enough sleep and get proper medical care.
- Support each other. Parents and other care givers should take time to talk together and provide support as needed.
- Put off major decisions. Avoid making any unnecessary life-altering decisions during this stressful post-hurricane period.
- Give yourself a break. Do not overdo clean-up activities. Avoid lifting heavy items or working for extended periods of time to reduce injury.
- Keep yourself safe. Take precautions for your safety. Do not be alone. Stay with a group of trusted friends if possible.
- Go to safe places. If possible, go to places where there are a lot of people.
- Find support. If you are a victim of sexual violence or you know someone who is, talk to a good friend or family member. They can offer the support you need.

If you feel you are at risk for violence in your relationship or are concerned about other people's risk, inform a person in charge about suspected danger or call the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7233) or 1-800-787-3224 (TTY).

If sexual violence does occur, find someone you can trust to report the occurrence to, or call the Rape Abuse and Incest National Network at 1-800-656-HOPE (1-800-656-4673).

FHP&R HELPS **SPEED UP** THE DISABILITY CLAIMS OF DISABLED VETERANS

By: Rebecca Chisholm, FHP&R Staff Writer

FHP&R worked with the Social Security Administration (SSA) to develop a program to link the Service-related disabilities of Disabled Veterans to their Social Security numbers. The Military Casualty (MC) Alert Project allows SSA to expedite the disability claims of Disabled Veterans, to provide them with benefits more quickly.

Disabled Veterans seeking disability benefits through SSA did not always disclose their Veteran status, so it took longer for SSA to process the Veterans' claims. The MC Alert Project enables SSA to fast track those disability claims coming from Disabled Veterans.

Because Social Security numbers were not always documented correctly during field casualties, comparing the Social Security numbers provided in the field to those presented by Disabled Veterans would not work. Because of this, the project worked with the Defense Manpower Data Center, using an existing interface to exchange Social Security number data on Disabled Veterans. The program allows SSA staff to input Social Security numbers and have the system immediately alert the staff that the number is a Disabled Veteran's.

The project began during the summer of 2007 and was ready to exchange data in October 2007. A Memorandum of Understanding (MOU) between DoD and SSA was signed on February 8, 2008, and allows disclosure of limited data to SSA.

SSA recently recognized the efforts of two FHP&R staff members for their work on the MC Alert Project.

Tommy Morris, Director of Deployment Technologies and Support Programs, and Scott Henderson, Manager of Web Technology, were honored for their outstanding performance, dedication and perseverance in developing policies, procedures and training to expedite the processing of military casualty claims.

In letters to Morris and Henderson, Glenn Sklar, Associate Commissioner for Disability Programs said, "Prior to the MOU and implementation of the MC Alert, our claims intake personnel experienced difficulties identifying individuals eligible for the expedited process. SSA now uses the data you helped to provide to produce an alert in SSA's computerized intake systems which directs our personnel to expedite claims filed by individuals identified by DoD. The MC Alert now ensures that claims filed by individuals injured on active duty are moved to the head of the line."

DOD AND VA **IMPROVE SHARING** EFFORT

By: Bill Yamanaka, FHP&R Staff Writer

Electronic health records are aiding the recovery of ill and injured Service members. The ability to share records between DoD and the VA allows medical professionals to provide the best care to those in need.

Efforts to share electronic health information between DoD and the VA have continued to improve since they began in 2001. Bi-directional Health Information Exchange (BHIE), the system that allows for DoD and VA to share their electronic health information, is now available at all DoD and VA medical facilities, said Dr. Gerald Cross, Principal Deputy Under Secretary for Health at the Veterans Health Administration.

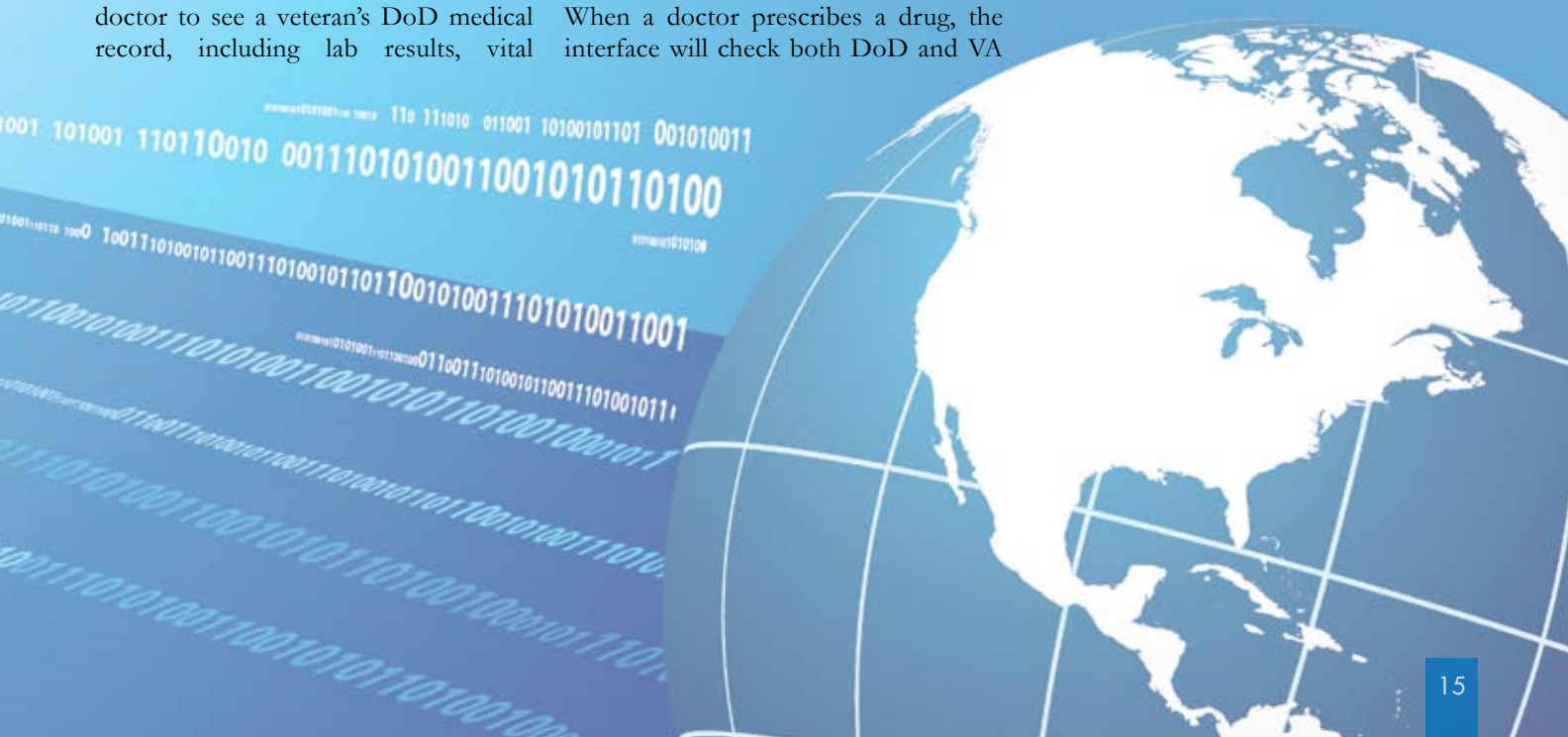
Duplicative testing and drug interactions can be prevented by allowing a VA doctor to see a veteran's DoD medical record, including lab results, vital signs and allergies. This allows a better continuity of care as a Service member moves from the DoD to VA system.

"Electronic health records give clinicians access to more information more quickly. And that's what we're all about, providing the best-quality care for our Service members, our beneficiaries and our veterans," said Dr. Stephen Jones, Principal Deputy Assistant Secretary of Defense for Health Affairs.

Efforts are also being made to exchange data for patients who receive care at both DoD and VA facilities at the same time. Currently available at seven sites in the country, the Clinical Data Repository/ Health Data Repository allows an exchange of allergy and pharmacy data between the two systems and updates the patient's medical record in each system. When a doctor prescribes a drug, the interface will check both DoD and VA systems for allergies and for possible drug interactions.

"DoD and VA continue to be in the forefront of health care organizations that have achieved pervasive use of health IT," said Dr. Robert Kolodner, National Coordinator, Office of the National Coordinator for Health Information Technology, Health and Human Services.

Coordination between DoD and the VA in electronic health information is only one part of a larger federal health IT program. This effort will improve patient care and health by providing a secure, nationwide exchange of health information among consumers, health care providers, laboratories, hospitals and pharmacies.



MOTOR VEHICLE ACCIDENT PREVENTION
PROGRAMS FOR POST-DEPLOYED SM's

By: Reginald Sellers - FHPR Guest Writer , Derek White - FHPR Staff Writer

Scope of the Problem

Automobile accidents are a major cause of fatalities across the country, but they have especially become an increasing cause of concern among our country's veterans. The increased mortality rate from automobile and motorcycle accidents among veterans and Service members after deployment has been analyzed by the media, but has not yet been quite adequately understood. A number of studies show an increase in the incident of motor vehicle accident deaths in the "early post-discharge period". Researchers are working to discover why these incidences are occurring at such alarming rates.

1991 Gulf War Veterans

Following the 1991 Gulf War, many studies were dedicated to post-deployment motor vehicle accidents. According to an article by Kang (et al), there was a 30% increase in death rates of US and UK Gulf War veterans during the first 5 years following military service. Research shows that the deployed Gulf War veterans exhibit more high-risked behaviors with motor vehicles such as speeding, driving under the influence, and failure to use seatbelts or wear motorcycle helmets. As survivors of war, Gulf War veterans perceive the degree of risk in a particular situation differently from those veterans who have not served on the battlefield. This may be one reason for the increase in motor vehicle deaths among veterans and Service members today.

DoD Safety Policy and Initiatives

DoD has several programs and policies that focus on the safety aspect of this growing problem. One program in particular is the DoD Traffic Safety Program. This program gives light to many factors dealing with privately-owned vehicle safety. The program also includes those provisions applicable only to the operation of military tactical and combat vehicles, as well as any other military vehicles that may be operated on a training base.

Guidelines are established for Service members operating a vehicle on a military base. For active duty Service members, instructions also include rules for safe operation of a vehicle off base. The operational guidelines also discuss the use of alcohol prior to driving, use of protective gear such as seatbelts, helmets, goggle, reflective fabrics and face shields for motorcycles. The program includes safety guidance while operating new technology such as navigation and communication devices in a vehicle as well.

Another helpful resource included in the guidelines explains the various components of the safety inspection that all DoD vehicles are required to have on an annual basis. The safety inspection reviews several vehicle performance requirements including safety belts, lighting, glazing, exhaust system, windshield wipers, horns, brake systems, steering systems, suspension, tires, and wheel assembly.

The safety and well-being of our Service members is a top priority for DoD. With the increased occurrence of motor vehicle-related fatalities among veterans and Service members during post-deployment, DoD's Traffic Safety Program is just another way to fight back and regain control of a phenomenon that is taking the lives of many Service members and veterans.

The Office of the Chief Medical Officer (OCMO) has worked to identify, treat, and rehabilitate members of the armed forces who are dependent on drugs or alcohol and establishes a health promotion policy within the Department of Defense to improve and maintain military readiness and the quality of life of DoD personnel and other beneficiaries. Within OCMO are other programs which directly support Healthy Lifestyles/Preventive Health Initiatives such as the "That Guy" Campaign, which is intended to help reduce alcohol abuse among active duty military personnel by raising awareness of negative effects of excessive drinking. The target audience consists of 18 to 24-year old active duty enlisted Service members. The initiative consists of video public service announcements in base theaters, commercial radio spots, print advertising, as well as an interactive web site.

The Services

Each of the Services supports extensive safety programs, some of which focus on ground safety. Because of the high rate of motor vehicle accidents among

Service members, and the SECDEF goal of reduction of accident rates by 75% from 2002 to 2008, all Services have been using a variety of programs to counter this problem.

The Army: The Army has been very active in developing safety programs to prevent private motor vehicle (PMV) accidents, and their programs represent the type of initiatives being carried out at the military Service level. The number of motorcycle fatalities among soldiers has increased since 2002, consistent with the number of motorcycles being sold in this country. The Army is aggressively pursuing initiatives and programs to try to reverse this trend.

The Army Traffic Safety Training Program (ATSTP) is a multi-pronged effort to reduce accidents in Army vehicles, as well as privately owned automobiles and motorcycles. They require all drivers of motorcycles to complete a motorcycle safety course. Soldiers with a history of traffic violations, unsafe behavior, or a supervisor's referral must attend a Driver Improvement/Remedial Training that is required by DoD and targets "at-risk" soldiers during the first 30 days following redeployment. The Army has also developed additional tools to address the problem of post-deployment motor vehicle accidents, including a "Family Engagement Kit" with materials on post-deployment safety, and Redeployment Video Teleconferences.

The Navy: The Navy has experienced problems with motor vehicle fatalities similar to those of the Army. However, by virtue of its smaller size, the magnitude of the problems has also been smaller. The trends with motorcycle fatalities have been analogous to those in the Army, and the Navy has also instituted courses for Service members. Private contractors teach these basic and experienced rider training courses throughout CONUS and Hawaii.

The Air Force: The Air Force has almost succeeded in reducing its off-duty PMV fatalities 75% since 2002, although it has been more successful in reducing car and truck fatalities than motorcycle fatalities. The Air Force has started a PMV Task Force to develop a strategy on how to best address the problem of PMV facilities.

The Air Force has instituted four general traffic safety courses and has initiated a driver improvement course for referred Service members. Supervisors also go through traffic safety training, and Service members must go through motorcycle training prior to riding. All Terrain Vehicles (ATVs) account for a majority of the off-duty injuries, and require special training. The Air Force sent five motorcyclists through the Motorcycle Safety Simulator at Fort Stewart and is evaluating it's costs and benefits. There are also initiatives under way including a Traffic Safety Culture Survey, PMV Focus Groups and You Tube Style Videos with "Drive Cam" footage converted into safety videos.

Want More?

DoD Traffic Safety Program
http://www.dtic.mil/whs/directives/corres/pdf/605504p.pdf.

Navy Safety Center
http://safetycenter.navy.mil/mishapreduction

That Guy Campaign
http://www.thatguy.com/

EDUCATION

STUDENTS DISCOVER IN THE PRESIDENTIAL CLASSROOM

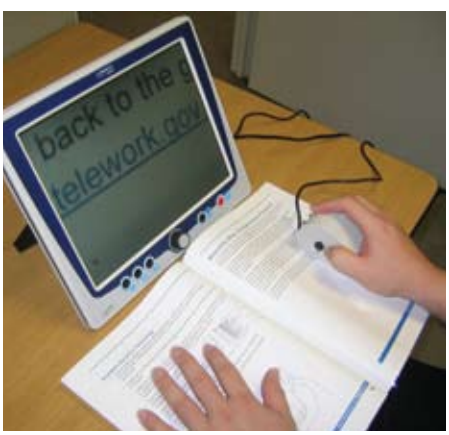
By: Jennifer Stone, FHP&R Staff Writer

As an important part of student outreach to promote civil and military service, FHP&R hosts a twice-yearly visit by the Presidential Classroom program. The Presidential Classroom has long been considered an integral part of the civic education of student leaders.

Presidential Classroom was charted in 1968. Challenging American youth to public service, President John F. Kennedy sponsored two pilot programs, "Widening Horizons" and the "White House Seminars." During the administration of Lyndon B. Johnson, Vice President Hubert Humphrey led the "Washington Briefings." This program was transferred from the White House to a board of directors and became Presidential Classroom as the success of the idea became apparent and more students sought to learn how their government worked in the nation's capital.

The mission of Presidential Classroom is to provide high quality civic education programs to motivate outstanding high school students from the U.S. and abroad to aspire to leadership. Since its inception, Presidential Classroom has introduced more than 120,000 young men and women to the interaction among government, business, politics, advocacy organizations and the citizenry that shapes public policy and to the leaders who make it. The goal is to prepare them for roles as leaders in public service and private enterprise through rigorous educational experiences in the nation's capital.

Students partcipating in the Presidential Classroom Program, along with Phil Thompson, Dr. Frank O'Donnell, Scott Henderson, Lisa Kosh, and Jennifer Stone. Photos by Jennifer Stone.



In support of this mission, FHP&R has hosted Presidential Classroom visits since the early days of Operation Iraqi Freedom and Operation Enduring Freedom. At that time, FHP&R sought to give students a first hand look at a day in the life of a Service member preparing to deploy or returning from deployment. This was accomplished through role-playing scenarios a Service member experiences during a FHP&R developed pre- or post-deployment health assessment.

Last summer, FHP&R hosted high school students participating in the Presidential Classroom's Science, Technology and Public Policy Program. Their visit to FHP&R was a small part of an intensive one-week session that allowed them to interact with national leaders, professionals and Washington, D.C., insiders. As part

of their curriculum, students looked at how advances in technology and science affect government policies and operations.

Dr. Frank O'Donnell, FHP&R Senior Medical Consultant, kicked off the event with an overview of the organization and its programs. Ms. Lisa Kosh, from the TRICARE Management Activity's Computer/Electronic Accommodations Program Technology Evaluation Center team, highlighted some of the assistive technology made available to ill and injured Service members through the Computer/Electronic Accommodations Program. Students were introduced to technology, including alternative keyboards that assist Service members with amputations and disabilities that impact their range of motion and finger movement. Students were also able to experience for themselves technology for Service members with vision impairments and listening devices used by Service members who are hard of hearing or have communication or cognition issues.

Scott Henderson, Manager, Web and Application Development, and Phil Thompson, Project Manager, Theater Medical Information Program - Train the Trainer, wrapped up the day with a first-hand look at the Military Health System's advances in Electronic Medical Records and Medical Surveillance in theater. Students received demonstrations of hand-held devices that help medical providers document a Service member's illnesses and injuries in the field. This technology improves the medical care given to Service members from the battlefield through their recovery at home.

FHP&R constantly seeks to refine its Presidential Classroom program with the demonstration of a wide variety of medical technologies and more hands-on opportunities for the students.

"Making the program more enjoyable to students ensures their participation in the Presidential Classroom program in the future," said Dr. Michael Kilpatrick, Director of Strategic Communications for the Military Health System. "Presidential Classroom is an important part of FHP&R's student outreach to personalize Military Health System programs and technology. It allows us to raise awareness on how we prevent disease and injury, provide care and rehabilitation and maintain a fit and healthy military force."

Want More?

For more information on the programs mentioned please visit:

Computer/Electronic Accommodations Program Wounded Service Member's initiative: http://www.tricare.mil/cap/wsm/

Computer/Electronic Accommodations Program Technology Evaluation Center: http://www.tricare.mil/CAP/acc_sol/CAPTEC.cfm

Presidential Classroom: http://www.presidentialclassroom.org/

CHEMICAL-BIOLOGICAL WARFARE EXPOSURE

By: Pam Houghtaling, FHP&R Staff Writer

FHP&R launched the Chemical-Biological Warfare Exposures Web site to provide information on the testing of chemical and biological warfare agents from 1942 to 1975. The Web site contains sections on World War II, Project 112/SHAD (Shipboard Hazard and Defense), and the Cold War.

DoD conducted testing programs to evaluate the ability of U.S. forces to fight on a chemical and biological battlefield. In some programs, Service members were present but not test subjects, while in other programs they were volunteer human subjects. This testing ended in 1975. DoD has been actively engaged in an extensive search of official records to find the names of veterans who may have been exposed to the chemical or biological agents. The search will end in 2011, but DoD will pursue leads from veterans or others who may have information.

The Service member names identified by DoD, along with specific exposure information, are provided to the VA, which will notify the individuals of their potential exposure, provide treatment if necessary and adjudicate any claim for compensation. For privacy reasons, the Web site does not contain the names of the veterans exposed.

Veterans who believe that they may have been exposed or who would like more information can contact DoD via e-mail at: FHPWebmaster@tma.osd.mil, or call DoD contact managers at (800) 497-6261, Monday through Friday, 7:30 a.m. to 4:00 p.m., Eastern Time. Veterans can also write to DoD at: Force Health Protection and Readiness, ATTN: CB Exposure Manager, 5113 Leesburg Pike, Suite 901, Falls Church, VA 22041.

Want More?

The Chemical-Biological Warfare Exposures Web Site: http://fhp.osd.mil/CBexposures

Force Health Protection and Readiness: http://fhp.osd.mil

Department of Veterans Affairs: http://www.va.gov

RESOURCES

Force Health Protection and Readiness
FHP&R
http://fhp.osd.mil

Deployment Health and Family Readiness Library
http://deploymenthealthlibrary.fhp.osd.mil/

GulfLINK
http://www.gulflink.osd.mil

DeployMed ResearchLINK
http://www.deploymentlink.osd.mil/deploymed

Post-Deployment Health Re-assessment
http://fhp.osd.mil/pdhrainfo/index.jsp

TRICARE
http://www.tricare.osd.mil/

DoD Deployment Health Clinical Center
(866) 559-1627
http://www.pdhealth.mil

Marine for Life
(866) 645-8762
https://www.m4l.usmc.mil/

Military OneSource
(800) 342-9647
http://www.militaryonesource.com/

Military Severely Injured Center
(888) 774-1361
http://military.com/support

Department of Veterans Affairs
(800) 827-1000
http://www.va.gov

DoD Mental Health Self-Assessment Program
https://www.militarymentalhealth.org/test

Hooah 4 Health
http://www.hooah4health.com/

Battlemind
www.battlemind.org

Road to Resilience
apahelpcenter.org/featuredtopics/feature.php?id=6

A Different Kind of Courage: Safeguarding and Enhancing Your Phychological Health
www.MentalHealthScreening.org/Military/

Computer/Electronic Accommodations Program Wounded Service Member's initiative
http://www.tricare.mil/cap/wsm/

Computer/Electronic Accommodations Program Technology Evaluation Center
http://www.tricare.mil/CAP/acc_sol/CAPTEC.cfm

Presidential Classroom
http://www.presidentialclassroom.org/

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Have a story idea?

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STRONG TO SAVE